

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	J8	71348	5-15-98
<b>O.I.P.E. CLASSIFIER</b>		7	5-15-98
<b>FORMALITY REVIEW</b>	HM	60854	5-15-98

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
1	Final Original 5-17-98
2	✓ ✓ ✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
10	✓ ✓
11	✓ 0
12	0 0
13	✓ ✓
14	✓ ✓
15	0 0
16	✓ ✓
17	✓ ✓
18	✓ 0
19	0 0
20	✓ ✓
21	✓ ✓
22	0 0
23	✓ ✓
24	✓ ✓
25	✓ 0
26	0 0
27	✓ ✓
28	✓ ✓
29	0 0
30	✓ ✓
31	✓ ✓
32	✓ 0
33	✓ 0
34	0 0
35	✓ ✓
36	✓ ✓
37	0 0
38	✓ ✓
39	✓ ✓
40	✓ ✓
41	✓ 0
42	0 0
43	✓ ✓
44	✓ ✓
45	0 0
46	✓ ✓
47	✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here